

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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RECORDS  
17 APR 27 AM 11:36

1. (a) Name of Candidate (in full) Flanders, Robert, Mr.,		2. Candidate's FEC Identification Number
(b) Address (number and street) PO Box 271		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Providence RI 02801		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate RI 00

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Flanders for Senate Exploratory Committee	
(b) Address (number and street) PO Box 271	
(c) City, State, and ZIP Code Providence RI 02801	


**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Flanders, Robert, Mr., 	Date 04/20/2017
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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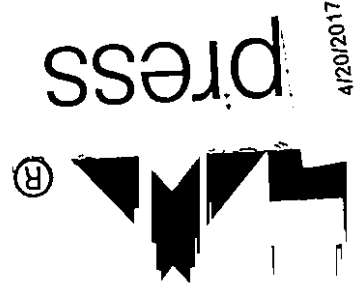
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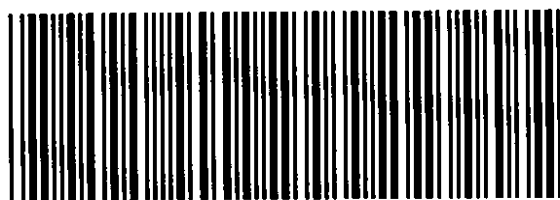
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PREPARER **HB** DATE PREPARED **4/27/17**

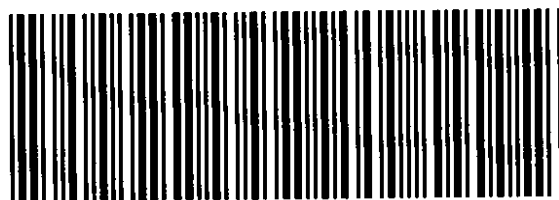
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